## Clinical Pathway: Botulism Acute onset of symmetrical paralysis in patient whose mental status is generally intact Patient presents with paralysis, history of progression is unclear Botulism Obtain dietary, travel, and activity history for previous 8 days ruled out on Obtain drug history or history of potential toxic exposures basis of (organophosphates, belladonna alkaloids [eg, atropine], carbon drug/ monoxide, aminoglycosides, shellfish or pufferfish ingestion in exposure previous few hours) history Low probability High probability of botulism: of botulism, or Multiple cases presenting at same time diagnosis Clear history of cranial nerve dysfunction followed by descending paralysis; unclear autonomic dysfunction (dry mouth, trouble focusing eyes) present History of ingestion of high-risk foods (eg, home-canned products, fermented native foods from Alaska, Northern Canada) Perform additional diagnostic testing as urgently as possible (see page 2 for differential diagnosis): LP (normal in botulism; elevated protein 1-2 wk Contact state or local Health Department immediately to: after onset with GBS (including Miller Fisher --Obtain botulinum antitoxin variant, which may be a descending paralysis) --Arrange for laboratory testing of specimens Brain CT or MRI to rule out stroke, mass lesion --Notify public health officials so epidemiologic investigation can be (normal in botulism) initiated Edrophonium challenge test (marked response with myasthenia gravis; usually negative in botulism, although may see partial response in Collect serum (>30 mL of blood in "tiger"-top or red-top tube); collect some cases) serum before administration of antitoxin Careful physical exam (especially of scalp) to look Collect stool, gastric aspirate, and vomitus (if available) for attached tick, which would indicate tick Collect suspect food(s) or have family member hold suspect food(s) in paralysis refrigerator Chest x-ray for evidence of lung carcinoma (often Refrigerate specimens after collection while preparing to ship associated with Lambert-Eaton syndrome) Ship specimens per Health Department instructions for toxin and C Consider EMG (see page 3 for characteristic botulinum testing findings) Perform other diagnostic **Botulism still** tests as needed (eg, LP, **Botulism** suspected brain imaging, edrophonium ruled out challenge) Assess and monitor patient closely for evidence of airway obstruction, aspiration, decreased respiratory function (follow O<sub>2</sub> saturation, vital capacity, inspiratory force) Intubate if respiratory function deteriorates and concern of impending **Abbreviations** respiratory failure exists CT, computed tomography EMG, electromyography GBS, Guillain-Barre syndrome LP, lumbar puncture Administer antitoxin as soon as

available

Provide ongoing patient monitoring and supportive care

MRI, magnetic resonance imaging